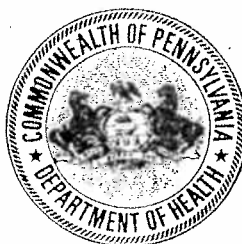


WARNING: It is illegal to duplicate this copy by photostat or photograph.



Lana R. Adams
Lana R. Adams
State Registrar

APR 25 2016

9040645

No.

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

040017

PRIMARY DIST. NO.		OME#1718-83 (Coroner)		STATE FILE NO.	
1. Name of deceased (First, Middle, Last) DOROTHY L. EVERETT			2. Sex F	3. Date of death (Mo., Day, Yr.) 4/6/83	
4. Race - (e.g., White, Black, American Indian, etc.) B	5A. Age last birthday 57	5B. If under 1 yr. Mos. Days	5C. If under 1 day Hours Min.	6. Date of birth (Mo., Day, Yr.) 6/30/25	7. State or foreign country of birth PA.
8. County of death PHILA.		9. City, Boro, or Twp. of death PHILA.		10. City, Boro, or Twp. of birth PHILA.	
11. 7A. PHILA 7B. PHILA 7C. EPISCOPAL HOSPITAL			12. If hosp. or inst. indicate DOA, OP/ER, or inpatient (specify) 7D. ADMITTED		
13. Mailing Address (Street or RFD No., City or Town, State, Zip Code) 2246 N. HANCOCK ST. PHILA. PA. 19133		14. Marital Status M.		15. Surviving Spouse (If wife, give maiden name) OTIS M. EVERETT SR.	
16. Citizen of what country? U.S.A.		17. Was decedent ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. Social Security Number 199-16-5204	
19. Usual Occupation (Kind of work done during most of working life)		20. Kind of business or industry		21. 14A. 14B.	
22. Where did deceased actually live? a. State PA. b. County PHILA.		23. Did deceased live in a township? <input checked="" type="checkbox"/> Yes, deceased lived in PHILA. township, city or boro.			
24. Father's name (First, Middle, Last) BENJAMIN DAVIS			25. Mother's maiden name (First, Middle, Last) LUCY MC KINNON		
26. Informant's name (Type or Print) PAMELA EVERETT		27. Informant's Mailing address (Street or RFD No., City or Town, State, Zip Code) 2246 N. HANCOCK ST. PHILA. PA. 19133			
28. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Other		29. Date of burial, etc. 4/11/83		30. Name of cemetery or crematory CHELTEN HILL CEMETERY	
31. Signature of funeral director and license number Eric D. Thompson		32. FD - 0111181919-1		33. Name and address of funeral home WALTON B. BROWN FUNERAL HOME 4725 Mulberry St. PHILADELPHIA, PA 19124 Eric D. Thompson, Spvr.	
34. Registrar's Signature Alan C. Lucinetti		35. Date received by registrar 4-11-83		36. 21B. 21C.	
37. Name and Address of Certifier (Physician, Medical Examiner or Coroner) (Print or Type)			38. Name of Attending Physician		
39. 26. Immediate Cause: Enter only one cause per line for (A) (B) and (C). PART I (A) INFARCTION OF BOWEL COMPLICATING LAPOROTOMY FOR INSERTION Due to, or as a consequence of: (B) OF GRAFT TO REPAIR DISSECTING ABDOMINAL AORTIC ANEURYSM, Due to, or as a consequence of: (C) ETIOLOGY.					
40. PART II Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a)			41. Autopsy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		42. Was case referred to Medical Examiner or Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
43. If Acc., Suicide, Hom., Undet. or Pending Investigation (Specify) PERIOPERATIVE		44. Date of Injury (Mo., Day, Yr.) 4/5/83		45. Hour of Injury 4:00 A.M. P.M.	
46. Describe how injury occurred: EMERGENCY SURGERY		47. Location (Street or RFD No., City, Boro, or Twp., State) PHILA, PA		48. 28E. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
49. Place of Injury (At home, farm, street, etc.) EPISCOPAL HOSPITAL		50. 28F. 28G.			